

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-24302
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-4160
7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit (NVANU) "4-A"
8. Well No. 1
9. Pool name or Wildcat North Vacuum (Abo)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4041.9 GR

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator  
SAGE ENERGY COMPANY

3. Address of Operator  
P.O. Drawer 3068 Midland, Texas 79702

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 860 Feet From The West Line  
Section 1 Township 17S Range 34E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CASING REPAIR <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-30-97 REPLACED BAD JOINT OF CASING ONE JOINT DOWN, SCREWED ONTO FISH AND SET SLIPS, CUT OFF CASING AND NIPPLE UP WELLHEAD, RIH WITH PACKER SET AT 8604.69', TESTED CASING TO 350 PSI FOR 20 MINUTES. WELL TESTED GOOD. HOOKED WELL UP AND RETURN TO INJECTING.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tonya Streun TITLE Production Clerk DATE 10-10-97  
(915)  
TYPE OR PRINT NAME Tonya Streun TELEPHONE NO. 683-5271

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE OCT 23 1997  
CONDITIONS OF APPROVAL, IF ANY:

JK B



